

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/898490	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.	2								
TOTAL DEP.	2								
TOTAL CLAIMS	0								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS